





## ANNUAL EMERGENCY LIGHTS INSPECTION/TEST REPORT

**RETURN COMPLETED FORM TO:** 

SIGNATURE:

MIAMI BEACH FIRE PREVENTION DIVISION 1701 MERIDIAN AVE.- SUITE 200 MIAMI BEACH, FL 33139 TELEPHONE: 305-673-7123 FAX: 305-673-1085

DATE

	ATTENTION INSPECTOR	l:
The emergency lights	at the following address are powered by	y:
Please circle one:	EMERGENCY GENERATOR	BATTERY PACKS
as required by the add for a minimum of 30 s	opted code/standard. All emergency ligh	een inspected and/or tested for proper operation nting shall be functionally tested once each month sted for a 1 - 1/2 hour duration. (NFPA 101 - 7.9.3)
Please circle one:	OPERATIONAL	NOT OPERATIONAL (*)
NAME OF BUILDING	:	
ADDRESS OF BUILD	DING:	
TYPE OF OCCUPAN	CY (SPECIFIC USE):	
NAME OF OWNER C	DR AGENT:	
ADDRESS OF OWN	ER OR AGENT:	
OWNER OR AGENT	TELEPHONE :	
NAME OF CONTRACTOR: (If used)		
ADDRESS OF CONT	RACTOR	
CONTRACTOR TELE	EPHONE :	
PERSON PERFORM	ING TEST: (print)	
JOB TITLE:		
(*) LIST DEFICIENCI	ES AND REQUIRED CORRECTIONS:	
NOTE: Written record having jurisdiction.	ds of visual inspections and tests shall b	e kept by the owner for inspection by the authority